

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

September 24, 2002

**Re: IRO Case # M2-02-1034 -01**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

This case involves a now 58-year-old male who developed back pain when lifting 50 pound boxes over his head around \_\_\_. The patient had a history of a lumbar fusion 17 years earlier. Medication and physical therapy were unsuccessful in relieving the patient's pain. Imaging studies suggested nerve root compression secondary to disk changes at he L4-5 and L5-S1 levels. The patient had decompression laminectomy which helped only slightly. The patient's discomfort continues, and it is proposed that discographic evaluation might be helpful in determining the source of the pain, and in deciding on the operative procedure that would be most beneficial for the patient. The documents presented for review did not include the MRI or CT myelogram reports themselves.

Requested Service

Lumbar discogram with Post CT scan

Decision

I agree with the carrier's decision to deny the requested procedure.

Rationale

The previous operative interventions make discography very questionably beneficial in determining the levels of involvement that should be cared for surgically. For instance, if the L2-3 discogram showed an abnormality on x-ray evaluation and also produced concordant pain, and it was the only level that was positive, that would not mean that surgery should be confined to that level. Considering the multiplicity of procedures that this patient has had, such a situation is not inconceivable.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

**YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision**, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions**, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,